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UNITED STATES DISTRICT COURT
 FOR THE NORTHERN DISTRICT OF CALIFORNIA
 SAN FRANCISCO/OAKLAND DIVISION

V.L. by and through his *guardian ad litem* Nancy
 Lagahid; DAVID OSTER; WILLIE BEATRICE
 SHEPPARD; and C.R. by and through his *guardian
 ad litem* Michelle Rivera, on behalf of themselves
 and a class of those similarly situated; SERVICE
 EMPLOYEES INTERNATIONAL UNION
 ("SEIU")—UNITED HEALTHCARE WORKERS
 WEST; SEIU—UNITED LONG-TERM CARE
 WORKERS; SEIU LOCAL 521; SEIU
 CALIFORNIA STATE COUNCIL; UNITED
 DOMESTIC WORKERS OF AMERICA, AFSCME,
 LOCAL 3930, AFL-CIO; and CALIFORNIA
 UNITED HOMECARE WORKERS,

Plaintiffs,

v.

JOHN A. WAGNER, Director of the California
 Department of Social Services; DAVID
 MAXWELL-JOLLY, Director of the California
 Department of Health Care Services; CALIFORNIA
 DEPARTMENT OF HEALTH CARE SERVICES;
 and CALIFORNIA DEPARTMENT OF SOCIAL
 SERVICES

Defendants.

E-filing

FILED
 OCT - 1 2009
 RICHARD W. WIEKING
 CLERK, U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

JCS

Case No. 09 46 68

**CLASS ACTION COMPLAINT FOR
 INJUNCTIVE AND DECLARATORY
 RELIEF**

INTRODUCTION

1
2 1. This civil rights class action seeks declaratory and injunctive relief to prevent over
3 one hundred thousand low-income seniors and individuals with disabilities from losing critical
4 services that enable them to remain safely in their homes.

5 2. California's In-Home Supportive Services ("IHSS") program presently provides
6 crucial in-home assistance with certain basic tasks of daily living – for example, bathing, dressing,
7 meal preparation and clean up, eating, bowel and bladder care, and taking necessary medications –
8 so that elderly individuals and persons with disabilities can avoid unnecessary and costly
9 institutionalization. IHSS recipients qualify for these services because it has been determined that
10 they cannot safely remain in their homes without them.

11 3. However, ABX4 4, which was passed on an emergency basis for purely budgetary
12 reasons, would render tens of thousands of current IHSS recipients ineligible for all IHSS services
13 based on a "Functional Index Score," first devised in 1988, that was not designed to measure
14 individual need or to determine eligibility, has never been used for such purposes, and is not a
15 reasonable measure of need or eligibility. ABX4 4 (Stats. 2009, c. 4, §§ 29, 30) (Part II)
16 (amending Cal. Welf. & Inst. Code §§ 12309 & 12309.2). ABX4 4 would also deprive tens of
17 thousands of additional IHSS recipients of critical IHSS domestic and related services that have
18 previously been found necessary to permit these individuals to remain safely in their homes based
19 on a numerical "rank" that was not designed to determine eligibility, has never been used for such
20 purpose, and is not a reasonable measure of need or eligibility. These statutory changes are
21 scheduled to go into effect on November 1, 2009.

22 4. Unless enjoined, these provisions of ABX4 4 will cause immediate and irreparable
23 harm by depriving members of the plaintiff class of services that are essential to their ability to
24 remain safely in their own homes. This will place members of the plaintiff class at imminent and
25 serious risk of harm to their health and safety, as well as of unnecessary and unwanted out-of-home
26 placement, including institutionalization.

27 5. The statutory provisions at issue contravene federal law in a number of ways.
28 Initially, ABX4 4's changes to state law violate the Americans with Disabilities Act of 1990, 42

1 U.S.C. § 12312 (“ADA”), and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794
2 (“Section 504”), by placing IHSS recipients at imminent risk of unnecessary and unwanted out-of-
3 home and out-of-community placement, including in institutions such as nursing homes, and by
4 discriminating on the basis of type of disability.

5 6. ABX4 4 also violates the requirements of Title XIX of the Social Security Act, 42
6 U.S.C. § 1396a (“the Medicaid Act”): that States provide (1) comparable Medicaid services to
7 individuals with similar needs; (2) services that are sufficient in amount, duration, and scope to
8 reasonably achieve their purposes; (3) services according to reasonable standards; and (4)
9 necessary services to correct or ameliorate children’s conditions. ABX4 4 further violates the
10 requirement imposed by the Medicaid Maintenance of Effort Clause of the American Recovery and
11 Reinvestment Act (“ARRA”) by restricting IHSS eligibility standards.

12 7. Finally, Defendants’ failure to provide adequate notice and opportunity for hearing
13 prior to depriving members of the plaintiff class of critical IHSS services violates the federal
14 constitutional guarantee of procedural due process and the Medicaid Act’s notice and hearing
15 provisions.

16 JURISDICTION

17 8. This action for declaratory and injunctive relief arises under the Due Process Clause
18 of the Fourteenth Amendment to the U.S. Constitution; Title XIX of the Social Security Act, 42
19 U.S.C. § 1396a *et seq.* (“the Medicaid Act”); Title II of the Americans With Disabilities Act of
20 1990, 42 U.S.C. § 12132 (“ADA”); Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794
21 (“Section 504”); 42 U.S.C. § 1983; and the Supremacy Clause, U.S. Const., Art. VI, cl. 2.

22 9. Jurisdiction is based on 28 U.S.C. §§ 1331 and 1343. Plaintiffs’ claims for
23 declaratory and injunctive relief are authorized under 28 U.S.C. §§ 2201 and 2202. At all times
24 relevant to this action, Defendants have acted under color of state law.

25 VENUE

26 10. Venue is proper in the Northern District of California pursuant to 28 U.S.C.
27 § 1391(b), because the Defendants operate and perform their official duties therein and thus reside
28 therein for purposes of venue, and because a substantial part of the events and omissions giving

rise to the claims herein occurred in the Northern District of California. Individual named plaintiff V.L. lives and receives services in San Francisco, which is in the Northern District of California. Individual named plaintiff Willie Beatrice Sheppard lives and receives services in Emeryville, which is in Alameda County, in the Northern District of California. Individual named plaintiff C.R. lives and receives services in Gilroy, which is in Santa Clara County, in the Northern District of California. Members of the plaintiff class reside and receive IHSS services in the Northern District of California. Organizational Plaintiff Service Employees International Union-United Healthcare Workers West ("UHW") members provide IHSS services in Marin and Contra Costa Counties, in the Northern District of California. Organizational Plaintiff SEIU United Long-Term Care Workers ("ULTCW") members provide IHSS services in Mendocino, Sonoma, Napa, Alameda, Santa Cruz, and Monterey Counties, in the Northern District of California. Organizational Plaintiff SEIU Local 521 ("Local 521") members provide IHSS services in Santa Clara and San Mateo County, in the Northern District of California. Organizational plaintiff California United Homecare Workers ("CUHW") members provide IHSS services in Del Norte, Humboldt, and Lake Counties, in the Northern District of California.

INTRADISTRICT ASSIGNMENT

11. Pursuant to Civil L. R. 3-2(c) this action should be assigned to the San Francisco or Oakland Division of the Northern District of California, because a substantial part of the events and omissions giving rise to the claims herein occurred in counties in the San Francisco/Oakland Division. Individual named plaintiff V.L. lives in San Francisco. Individual named plaintiff Willie Beatrice Sheppard lives in Emeryville, which is located in Alameda County. Many members of the plaintiff class are residents of Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, and Sonoma Counties. Organizational Plaintiff UHW members provide IHSS services in Marin and Contra Costa Counties. Organizational Plaintiff ULTCW members provide IHSS services in Alameda, Mendocino, Sonoma, and Napa Counties. Organizational Plaintiff Local 521 members provide IHSS services in San Mateo County. Organizational Plaintiff CUHW members provide IHSS services in Del Norte, Humboldt, and Lake Counties.

PARTIES

Individual Plaintiffs

12. Named Plaintiff V.L., represented here by his *guardian ad litem* Nancy Lagahid, is a 14-year-old boy who has Charcot-Marie-Tooth Disease, a form of muscular dystrophy. Because of his disabilities and medical condition, plaintiff V.L. is eligible for California's Medicaid program ("Medi-Cal") and receives IHSS services. Pursuant to ABX4 4, V.L. will lose eligibility for all IHSS services because his Functional Index Score is under 2.0.

13. Named Plaintiff David Oster is a 33-year-old man who has autism and bi-polar disorder. Because of his disabilities and medical conditions, Mr. Oster is Medi-Cal eligible and receives IHSS services. Pursuant to ABX4 4, Mr. Oster will lose eligibility for all IHSS services because his Functional Index Score is under 2.0.

14. Named Plaintiff Willie Beatrice Sheppard is an 81-year-old woman whose mobility is impaired as result of a stroke and arthritis. Because of her disabilities, medical conditions, and age, Ms. Sheppard is Medi-Cal eligible and receives IHSS. Ms. Sheppard has never been informed what her Functional Index Score is and has also never been informed what her functional ranks are for domestic and related services. She is concerned that she may lose eligibility for IHSS altogether if her Functional Index score is too low (below 2.0) or that she may lose some of her domestic and related services if her functional ranks for these services are below 4.

15. Named plaintiff C.R., represented here by his *guardian ad litem* Michelle Rivera, is a five-year-old boy who has a developmental disability due to chromosome deletion. Because of his disabilities and medical condition, C.R. is Medi-Cal eligible and receives IHSS services. Pursuant to ABX 4 4, C.R. will lose eligibility for all IHSS services because his Functional Index Score is under 2.0.

Organizational Plaintiffs

16. Plaintiff UHW is an unincorporated association with members that include approximately 55,000 IHSS providers in 11 counties. Some members provide services for their minor children. Plaintiff UHW is an affiliate of the Service Employees International Union ("SEIU") and for years has been an advocate for increased access to and quality of IHSS services.

1 UHW brings this suit on behalf of its members who will be injured if IHSS recipients (including
2 minor children of members) lose eligibility and services, who would have standing to sue in their
3 own right, and whose personal participation in this litigation is not necessary.

4 17. Plaintiff ULTCW is an unincorporated association with members that include
5 approximately 175,000 IHSS providers in 10 counties. Some members provide services for their
6 minor children. ULTCW has long been an advocate for increased access to and quality of IHSS
7 services. ULTCW brings this suit on behalf of its members who will be injured if IHSS recipients
8 (including minor children of members) lose eligibility and services, who would have standing to
9 sue in their own right, and whose personal participation in this litigation is not necessary.

10 18. Plaintiff Local 521 is an unincorporated association with members that include
11 approximately 15,000 IHSS providers. Some members provide services for their minor children.
12 Local 521, through its predecessor unions, has long been an advocate for increased access to and
13 quality of IHSS services. Local 521 brings this suit on behalf of its members who will be injured if
14 IHSS recipients (including minor children of members) lose eligibility and services, who would
15 have standing to sue in their own right, and whose personal participation in this litigation is not
16 necessary.

17 19. Plaintiff SEIU California State Council ("SEIU State Council") is a state-wide
18 affiliate of SEIU. More than 20 local unions representing over 700,000 workers and retirees
19 belong to the SEIU State Council. The SEIU State Council advocates for the interests of its
20 affiliated local unions and their members before legislative bodies, regulatory agencies, and the
21 courts, including by advocating for increased access to and quality of IHSS services. The SEIU
22 State Council brings this suit on behalf of its affiliate local unions and the members of its affiliates,
23 who would have standing to sue in their own right and whose personal participation in this
24 litigation is not necessary.

25 20. United Domestic Workers of America, AFSCME, Local 3930, AFL-CIO ("UDW")
26 is a local union affiliated with the American Federation of State, County and Municipal Employees
27 ("AFSCME"). UDW represents approximately 55,000 IHSS providers in 11 counties throughout
28 California. Some of these members provide services for their minor children. UDW has for years

1 been an advocate for increased access to and quality of IHSS services. UDW brings this suit on
 2 behalf of its members who will be injured if IHSS recipients (including minor children of
 3 members) lose eligibility and services, who would have standing to sue in their own right, and
 4 whose personal participation in this litigation is not necessary.

5 21. Plaintiff CUHW is an unincorporated association with members that include
 6 approximately 18,000 IHSS providers in 18 counties. Some members provide services to their
 7 minor children. CUHW is jointly affiliated with SEIU and AFSCME, and is a member of the
 8 SEIU State Council. Through the SEIU State Council, CUHW has been an advocate for increased
 9 access to and quality of IHSS services. CUHW brings this suit on behalf of its members who will
 10 be injured if IHSS recipients (including minor children of members) lose eligibility and services,
 11 who would have standing to sue in their own right, and whose personal participation in this
 12 litigation is not necessary.

13 Defendants

14 22. Defendant California Department of Health Care Services ("DHCS") is a state
 15 agency that receives federal funds and is the single state agency responsible for administering the
 16 federal Medicaid program in California ("Medi-Cal"). Defendant DHCS is sued under the Third
 17 Claim for Relief (ADA) and the Fourth Claim for Relief (Section 504).

18 23. Defendant David Maxwell-Jolly is the Director of DHCS, a state agency that
 19 receives federal funds. Defendant Maxwell-Jolly is a public agency director responsible for
 20 operation of a public entity, pursuant to 42 U.S.C. §§ 12131(1)(A) & (B). As the Director of
 21 DHCS, Defendant Maxwell-Jolly is responsible for oversight, supervision and control of the
 22 functions and programs vested in the DHCS, including the Medi-Cal program, and has the
 23 responsibility for ensuring that the Medi-Cal program is implemented and administered consistent
 24 with the requirements of federal Medicaid law. Defendant Maxwell-Jolly is sued in his official
 25 capacity under the First Claim for Relief (Fourteenth Amendment to the United States
 26 Constitution-Procedural Due Process), Second Claim for Relief (Medicaid- Right to Fair Hearing),
 27 Fifth Claim for Relief (Medicaid-Comparability Requirement), Sixth Claim for Relief (Medicaid-
 28 Sufficiency Requirement), Seventh Claim for Relief (Medicaid-Reasonable Standards

Requirement), Eighth Claim for Relief (Medicaid-Early and Periodic Screening, Diagnostic and Treatment Services), and Ninth Claim for Relief (Medicaid-ARRA).

24. Defendant California Department of Social Services ("CDSS") is a state agency that receives federal funds and is responsible for the overall implementation and supervision of the administration of the IHSS programs by the counties. Defendant CDSS is sued under the Third Claim for Relief (ADA) and the Fourth Claim for Relief (Section 504).

25. Defendant John Wagner is the Director of CDSS, a state agency that receives federal funds. Defendant Wagner is a public agency director responsible for the operation of a public entity pursuant to 42 U.S.C. §§ 12131(1)(A) & (B). Defendant Wagner is sued in his official capacity under the First Claim for Relief (Fourteenth Amendment to the United States Constitution-Procudural Due Process), Second Claim for Relief (Medicaid-Right to Fair Hearing), Fifth Claim for Relief (Medicaid-Comparability Requirement), Sixth Claim for Relief (Medicaid-Sufficiency Requirement), Seventh Claim for Relief (Medicaid-Reasonable Standards Requirement), Eighth Claim for Relief (Medicaid-Early & Periodic Screening, Diagnostic and Treatment Services), and Ninth Claim for Relief (Medicaid-ARRA).

FACTUAL ALLEGATIONS

A. Medi-Cal and the California IHSS Program

26. The purpose of the IHSS program is "to enable the aged, blind or disabled poor to avoid institutionalization by remaining in their homes with proper supportive services." Cal. Welf. & Inst. Code § 12300(a).

27. Persons eligible for this program must be aged (65 or over), blind, or disabled, and must also be poor under standards of the federal Supplemental Security Income or State Supplemental Payment Program. Cal. Welf. & Inst. Code §§ 12051, 12052, 14051; CDSS Manual of Policies and Procedures ("Manual" or "MPP") §§ 30-755.111-.114.

28. The IHSS program provides assistance with the following: (1) domestic services; (2) related services (meal preparation and clean-up, restaurant meal allowance, laundry, food and other shopping); (3) personal care services (bowel and bladder care, respiration, feeding, routine bed baths, bathing, oral hygiene and grooming, dressing, repositioning and rubbing skin including

1 range of motion exercises, transfers, care and assistance with prosthetic devices and self-
 2 administration of medication, routine menstrual care, skin care, and ambulation); (4) travel to
 3 medical appointments; (5) yard hazard abatement; (6) protective supervision (monitoring of
 4 individuals with mental impairments to ensure their safety); (7) teaching and demonstration
 5 services; and (8) paramedical services (services that are prescribed by a doctor and require training,
 6 such as injections, colostomy irrigation, catheter insertion/care, suctioning, G and NG tube feeding,
 7 and ventilator and oxygen care). Cal. Welf. & Inst. Code §§ 12300(b) & (c); 14132.95(d)(1), (2);
 8 14132.951(c).

9 29. Most IHSS services are provided through California's Medicaid program ("Medi-
 10 Cal"). Medicaid is a joint federal and state medical assistance program for certain groups of low-
 11 income people, including children. *See* 42 U.S.C. §§ 1396-1396v. California has elected to
 12 participate in the Medicaid program, and so must comply with the requirements of the federal
 13 Medicaid Act and its implementing regulations.

14 30. The purpose of Medicaid is to furnish, as far as practicable, "medical assistance on
 15 behalf of . . . aged, blind or disabled individuals, whose income and resources are insufficient to
 16 meet the costs of necessary medical services" and "to help such families and individuals to attain or
 17 retain capability for independence or self-care" 42 U.S.C. § 1396.

18 31. Participating States must designate a "single state agency" to administer the
 19 Medicaid program. 42 U.S.C. § 1396a(a)(5). In California, the single state agency is DHCS.

20 32. Participating States are reimbursed by the federal government for a portion of the
 21 cost of providing Medicaid benefits. *See* 42 U.S.C. § 1396b. The remaining funding for the IHSS
 22 program comes from the State and from counties.

23 1. **Eligibility for IHSS Services**

24 33. Counties, under the direction of Defendant CDSS, determine recipients' eligibility
 25 for IHSS services and the number of hours authorized for any services based on statewide statutes
 26 and regulations. Cal. Welf. & Inst. Code §§ 12300(g), 14132.95(f), 14132.951(b) & (e).

27 34. Individuals are eligible for IHSS services only if they are "unable to perform the
 28 services themselves and . . . cannot safely remain in their homes. . . unless these services are

1 provided.” Cal. Welf. & Inst. Code § 12300(a); MPP §§ 30-761.13, 30-763.112.

2 35. The assessment of eligibility for IHSS services begins with county social workers
3 “collecting and evaluating information . . . [which] includes but is not limited to, all of the
4 following: (A) The recipient’s living environment. (B) Alternative resources. (C) The recipient’s
5 functional abilities.” Cal. Welf. & Inst. Code § 12309(b).

6 36. Social workers assess recipients’ level of need through a variety of methods,
7 including observing the recipient and the recipient’s living environment, asking the client
8 questions, and reviewing documentation, including diagnosis and functional indications from the
9 recipient’s physician. MPP § 30-761.26.

10 37. Based on this information, social workers determine the tasks that recipients are
11 unable to safely perform by themselves, and the minimum number of hours necessary for an IHSS
12 provider to assist or to undertake those tasks for them. MPP § 30-763.2.

13 38. Social workers are trained that providers should not do things for recipients that the
14 recipients could do for themselves, because this results in further loss of independence for the
15 recipient and may actually further mental or physical deterioration.

16 39. When a new recipient begins receiving IHSS services, the recipient receives a
17 Notice of Action (“NOA”) setting forth the hours authorized for each service on a weekly or
18 monthly basis. Cal. Welf. & Inst. Code § 12300.2; MPP § 30-763.81.

19 40. Recipients are reassessed for eligibility for IHSS services on an annual basis
20 through in-person social worker reassessment. Recipients are notified of any change in hours
21 authorized in an NOA. Cal. Welf. & Inst. Code § 12300.2; MPP §§ 30-761.212, 30-763.81.

22 41. Counties are also required to reassess recipients any time the recipient notifies the
23 county of a need to adjust the supportive services hours authorized, or when there are other
24 indications or expectations of a change in circumstances affecting the recipient’s need for
25 supportive services. Cal. Welf. & Inst. Code § 12301.1(d).

26 42. As of the date this complaint is being filed, if a recipient disagrees with the number
27 of authorized hours set forth in the NOA, he or she may file an administrative appeal. Cal. Welf. &
28 Inst. Code § 12301.5.

2. Assignment of Functional Ranks

43. As one part of their overall assessment, social workers assign a functional rank to each of fourteen “activities of daily living and instrumental activities of daily living” (“ADLs”) by evaluating the combined “effect of the recipient’s physical, cognitive, and emotional impairment” on the recipient’s performance of the tasks associated with those ADLs. Cal. Welf. & Inst. Code § 12309(c); MPP § 30-756.1.

44. Recipients are ranked on eleven physical tasks and three mental functions. The physical tasks are: housework; laundry; shopping and errands; meal preparation and cleanup; mobility inside; bathing and grooming; dressing; bowel, bladder, and menstrual care; transfer; eating; and respiration. Of these, housework, laundry, shopping and errands, and meal preparation and cleanup correspond to so-called domestic or related services, and the remainder are referred to in state regulations as “personal care” services. MPP § 30-756.2(a)-(k). Social workers also rank three mental functions of recipients: memory, orientation, and judgment. MPP § 30-756.372.

45. The IHSS ranking scale includes:

(1) Rank one. A recipient's functioning shall be classified as rank one if his or her functioning is independent, and he or she is able to perform the function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his or her safety.

(2) Rank two. A recipient's functioning shall be classified as rank two if he or she is able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.

(3) Rank three. A recipient's functioning shall be classified as rank three if he or she can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

(4) Rank four. A recipient's functioning shall be classified as rank four if he or she can perform a function, but only with substantial human assistance.

(5) Rank five. A recipient's functioning shall be classified as rank five if he or she cannot perform the function, with or without human assistance.

Cal. Welf. & Inst. Code § 12309(d)(1)-(5).

46. These ranks are further defined and explained, with specific descriptions, examples,

1 and sample observations for what constitutes a rank of 1, 2, 3, 4, or 5, for each of the 14 ADLs, in
2 the Annotated Assessment Criteria, revised Attachment B to All-County Letter ("ACL") 06-34
3 (April 27, 2007).

4 47. Although social workers rank most ADLs on a scale of 1-5, there are certain
5 exceptions: laundry is ranked only 1, 4, or 5; shopping is ranked only 1, 3, or 5; respiration is
6 ranked only 1 or 5; and the three categories of mental functioning (memory, orientation, and
7 judgment) are ranked either 1, 2, or 5.

8 48. There are no functional ranks assigned to certain tasks for which IHSS hours may be
9 authorized, such as repositioning and rubbing skin, care and assistance with prosthetic devices, and
10 assistance with self-administration of medication. MPP § 30-757.14(g)(i).

11 49. A recipient must have a functional rank of at least 2 with respect to any ADL to be
12 eligible for the corresponding IHSS service. MPP § 30-763.1. Otherwise, before the enactment of
13 ABX4 4, the functional ranks have not had any relationship to eligibility for IHSS.

14 3. Hourly Task Guidelines

15 50. CDSS has established "statewide hourly task guidelines and instructions to provide
16 counties with a standard tool for consistently and accurately assessing service needs and
17 authorizing service hours to meet those needs." Cal. Welf. & Inst. Code § 12301.2(a)(1).

18 51. The applicable regulations specify the standard time ranges required for each IHSS
19 task and set forth criteria that are relevant to when an individual's needs would fall outside this
20 range. Cal. Welf. & Inst. Code § 12301.2(a)(2); MPP § 30-757.

21 52. Counties are required to deviate from the hourly task guideline amount if a
22 recipient's needs fall outside this standard range, and in such cases counties must document the
23 need for that service level. Cal. Welf. & Inst. Code § 12301.2(c). There are multiple reasons why
24 a recipient's need for and authorization for IHSS hours might differ from the hourly task
25 guidelines, as set forth in the Manual. MPP § 30-757.1.

26 53. For every service with hourly task guidelines, the standard time range is so broad
27 that it overlaps for functional ranks 2 through 5. For example, in meal preparation, the standard
28 time range for functional rank 2 is 3.02-7.00 hours per week, rank 3 is 3.5-7.00 hours per week,

rank 4 is 5.25-7.00 hours per week, and rank 5 is 7 hours per week. MPP § 30-757.131(a). A recipient may thus rank either 2, 3, or 4 in meal preparation and still receive 5-7 hours per week for this service without deviating from the standard hourly task guideline.

54. Some services have limitations in hours that are not related to functional rank at all: domestic services are limited to six hours per month; laundry services are limited to one hour per week (or 1.5 hours per week if laundry facilities are not available on the premises), and shopping and other errands are limited to 1.5 hours per week. MPP § 30-757.11(k)(1), .134(c) & (d), .135(b)(i).

55. Social workers do not use the functional ranks or the hourly task guidelines to determine in the first instance whether a recipient is eligible for IHSS services, or the number of hours to authorize for each service. Instead, social workers use the functional ranks and hourly task guidelines to double check their individualized assessment of services needed, and then document any case in which authorized services do not match the hourly task guidelines.

56. If a social worker finds that an individual needs more than the standard amount of hours for a service, that does not affect the functional rank.

57. After a county determines the number of hours required for each needed service, it must adjust those hours downward if the recipient shares the need with someone else in the household or if some other agency or person provides the service without charge. MPP §§ 30-763.3, .4, .6. The number of hours authorized for each needed IHSS service is the result of that adjustment process. MPP § 30-763.7.

58. The maximum amount of IHSS services that a recipient is allowed to receive is 283 hours per month if the person is "severely disabled" or 195 hours per month if the person is not severely disabled. Welf. & Inst. Code §§ 12303.4(a) & (b), 14132.95(g), 14132.951(b).

B. ABX4 4

59. On July 28, 2009, the Governor of California signed into law ABX4 4, which was enacted as part of the Fourth Extraordinary Legislative Session. ABX4 4 amended California Welfare and Institutions Code Sections 12309(e) and 12309.2 ("Sections 12309(e) and 12309.2") to eliminate crucial IHSS services to over one hundred thousand recipients.

1 **1. Loss of Eligibility For All IHSS Services**

2 60. Under Section 12309.2 as amended by ABX4 4, IHSS recipients with composite
3 functional index scores ("FI Scores") of below 2.0 are no longer eligible for any IHSS services.

4 61. The FI Score was originally designed in the mid-1980's as part of a "uniformity
5 system" for quality control and comparison purposes among counties (not among individuals).
6 ACL 88-118 (Sept. 6, 1988), Question 14.

7 62. CDSS has tested the FI Score, and determined that it is not meaningful.

8 63. Before the enactment of ABX4 4, the counties administering the IHSS program did
9 not utilize the FI Score for any purpose, including quality control. Before the enactment of ABX4
10 4, most county social workers were not even aware of the FI Scores of individual IHSS recipients.

11 64. The FI Score was not designed, and has never been used in the past, to determine
12 eligibility or need. The FI Score was not designed, and has never been used in the past, to predict
13 the service hours that any individual recipient should receive. ACL 88-118, Question 13.

14 65. Before the enactment of ABX4 4, IHSS recipients were not notified of their FI
15 Score. The FI Score did not appear on the NOAs that recipients receive upon assessment or
16 reassessment.

17 66. The FI Score is a number between 1.00 and 5.00 calculated by the Case
18 Management and Payrolling System ("CMIPS") for each IHSS recipient. ACL 88-118, Question
19 7. The formula for calculating the FI Score, which has not changed since 1988, involves
20 calculating a weighted average of the functional rankings for each of the 11 physical task ADLs.
21 ACL 88-118, Questions 9, 10; Draft ACL at 2. In general, these weights were determined by
22 taking the average (mean) number of hours assigned for these tasks by counties in 1988 and
23 determining the proportion of time each task represented with respect to the total aggregate hours
24 allocated for IHSS services. ACL 88-118, Question 10.

25 67. The composite FI Score is not an accurate or reliable measure of need for IHSS
26 services because it was not designed to, and does not, provide information about the likelihood that
27 any individual IHSS recipient is at risk of physical or mental injury, and/or out-of-home placement
28 or institutionalization, in the absence of IHSS services.

1 68. The FI Score is a poor measure of need because it does not allow for individual
2 assessment of need based on individual circumstances, as set forth in the succeeding paragraphs.

3 69. The FI Score measures the weighted average of 11 functional ranks, and does not
4 measure whether any particular services are critical to any particular individual. Thus, the FI
5 Scores of recipients who only need a few of the 11 services measured will be low, even if the need
6 for those few services is critical.

7 70. The FI Score measures the average of 11 functional ranks, weighted based on the
8 number of hours authorized by counties to those tasks in 1988. Counties' assessment of hours may
9 not have been uniform or accurate in 1988. The population of individuals receiving IHSS services
10 has changed since 1988.

11 71. The FI Score does not include the functional ranks for mental functioning (memory,
12 orientation, judgment). Only the eleven functional ranks for physical ADLs are considered in
13 calculating the FI Score. ACL 88-118, Questions 7, 10.

14 72. Recipients with cognitive or psychiatric disabilities are more likely to receive
15 functional ranks of 2 for the 11 ADL tasks that are used to calculate the FI Score, because they may
16 require verbal rather than physical assistance.

17 73. The FI Score does not include functional ranks for certain IHSS services for which
18 no functional rank is calculated, including repositioning and rubbing skin, care and assistance with
19 prosthetic devices, assistance with self-administration of medications, and travel to medical
20 appointments.

21 74. Because children under a certain age receive automatic ranks of 1 for four or more
22 of the eleven tasks (depending on age), their FI Scores tend to be lower than those of adults. *See*
23 MPP § 30-763.451-462.

24 75. Because recipients of paramedical services receive automatic ranks of 6 for certain
25 tasks, which are then converted to 1's in calculating the FI Score, their FI Scores tend to be lower
26 than they would be otherwise. *See* MPP § 30-756.41-42.

27 76. Although the FI Score is not a rational measure of need for any individual, the
28 above-described factors cause FI Scores to be a particularly poor measure for certain groups of

1 IHSS recipients, including children, individuals with impairments in mental functioning,
2 individuals whose need is greatest in areas where not very many hours are allocated on a statewide
3 basis, individuals who have high need in a few areas, individuals who receive paramedical
4 services, and individuals whose greatest need is for medication reminders and travel to medical
5 appointments.

6 77. ABX4 4 established exemptions to the eligibility restriction for IHSS recipients
7 authorized for paramedical services, protective supervision, or 120 or more hours of IHSS per
8 month. The bill also gave authority to the Director of CDSS to waive these exemptions if
9 necessary to maintain federal financial participation, and the Governor's veto message indicated
10 the Governor's intent to waive all three of these exemptions.

11 78. In a draft All County Letter released on September 18, 2009 ("Draft ACL"), CDSS
12 stated that the exemptions for paramedical services and protective supervision were being retained
13 for the time being, but that the Director had waived the exemption for recipients who are
14 authorized to receive at least 120 hours of IHSS services per month. The Draft ACL stated that it
15 was possible that the exemptions for protective supervision and paramedical services would be
16 waived, based on guidance from the federal government. Accordingly, Plaintiffs still do not know
17 whether recipients who are authorized for paramedical services or protective supervision will be
18 subject to the eligibility restrictions.

19 2. Reductions in Domestic and Related Services

20 79. Under Section 12309(e) as amended by ABX4 4, even IHSS recipients who remain
21 eligible for IHSS services will no longer receive domestic and related services (meal preparation
22 and clean up, laundry, shopping and errands) if their functional rank is below 4 for that particular
23 service.

24 80. Other than the functional rank of 1, the functional ranks were not designed as
25 measures of eligibility for assistance for a particular task. Before the enactment of ABX4 4, the
26 functional ranks 2, 3, 4, or 5 were never used to determine eligibility for services.

27 81. All IHSS recipients with functional ranks of 2, 3, 4, or 5 have been individually
28 assessed by a social worker to need authorized services for a specified number of hours to live

1 safely in their homes. Recipients with a functional rank of 2 or 3 have as great a need for domestic
2 and related services as recipients with a rank of 4 or 5; they cannot perform those functions safely
3 without assistance.

4 82. Individuals with cognitive or psychiatric, as opposed to physical, disabilities often
5 receive a 2 rank for many ADLs, because they need verbal as opposed to physical assistance.
6 Because, by definition, they cannot perform the given activity without this verbal assistance, their
7 need for this verbal assistance is as great as the need of recipients who need physical assistance to
8 perform the same activity.

9 83. It is often difficult for social workers to distinguish between the ranks of 3 (need
10 "some human assistance") and 4 (need "substantial human assistance"), especially when a
11 recipient's functioning may vary from day to day.

12 84. Prior to the enactment of ABX4 4, IHSS recipients were not notified of their
13 functional ranks. These functional ranks did not appear on the NOAs that recipients receive upon
14 their assessment and reassessment.

15 85. On information and belief, DSS will not require the reassessment or review of the
16 impact that elimination of domestic and related services may have on IHSS recipients' assessed
17 needs in relation to other activities.

18 86. ABX4 4 established exemptions to the elimination of domestic and related services
19 for IHSS recipients authorized for paramedical services, protective supervision, or 120 or more
20 hours of IHSS services per month. The bill also gave authority to the Director of the Department
21 of Social Services to waive these exemptions if necessary to maintain federal financial
22 participation, and the Governor's veto message indicated the Governor's intent to waive all three of
23 these exemptions.

24 87. In the Draft ACL, CDSS stated that the exemptions for protective supervision and
25 paramedical services were being retained for the time being, but that the Director had waived the
26 exemption for recipients who are authorized to receive at least 120 hours of IHSS services per
27 month. The Draft ACL stated that it was possible that the exemptions for protective supervision
28 and paramedical services would also be waived, based on guidance from the federal government.

1 Accordingly, Plaintiffs still do not know whether recipients who are authorized for protective
2 supervision or paramedical services will be subject to the cuts in domestic and related services.

3 **3. Notice to Recipients and Fair Hearing Rights**

4 88. IHSS recipients have not heretofore been informed of the possibility that they will
5 lose eligibility for IHSS services based on their FI Score or the possibility that they will lose
6 eligibility for domestic and related services based upon their functional ranks for those services.

7 89. Many IHSS recipients who have requested their FI Scores and/or their individual
8 functional ranks from their social workers and/or counties have been unable to obtain them.

9 90. On September 18, 2009, CDSS issued a draft All-County Letter ("Draft ACL")
10 stating that the IHSS eligibility restrictions and service cuts would be implemented on November
11 1, 2009. Although this was issued as a draft, on information and belief, CDSS intends to issue a
12 final ACL with similar instructions to counties shortly, and is already in the process of
13 implementing the Draft ACL.

14 91. The Draft ACL states that IHSS recipients will be notified of their FI Scores if they
15 are losing eligibility for IHSS services, and of their functional ranks for domestic or related
16 services if they are losing one or more of those services.

17 92. The proposed notice attached to the Draft ACL does not provide IHSS recipients
18 who will lose domestic and related services with sufficient information to enable them to determine
19 if their functional ranks have been correctly calculated, because it does not provide recipients with
20 the detailed descriptions of how functional ranks are to be determined for each separate ADL, as
21 set forth in the Annotated Assessment.

22 93. The proposed notice attached to the Draft ACL does not provide IHSS recipients
23 who will lose eligibility for IHSS with adequate information to determine if their FI Score has been
24 correctly calculated, because it does not set forth the 11 individual functional ranks that make up
25 the composite FI Score, fully explain the meaning of the ranks, or provide recipients with the
26 formula by which their FI Score is calculated.

27 94. The Draft ACL also states that recipients will be notified of the cuts or reductions in
28 IHSS services in "[t]imely" notices of action. On information and belief, Defendants will notify

1 recipients that their IHSS services have been cut or reduced only ten days before the
2 implementation date of November 1, 2009.

3 95. The timing of the notice to IHSS recipients of the eligibility restrictions and
4 elimination of authorized hours will not provide adequate time for recipients to make alternative
5 arrangements for assistance, to the extent such arrangements are possible.

6 96. According to the Draft ACL, recipients will be able to request hearings regarding
7 disputes over their FI Scores or functional ranks, and to request aid paid pending appeal if they file
8 their hearing requests prior to the effective date of the notice of action.

9 97. According to the Draft ACL, even though recipients may request hearings regarding
10 disputes over scores and ranks, recipients may not file a state hearing request to appeal or contest
11 authorization of service hours. Instead, recipients who believe they need more authorized hours
12 must first request a county reassessment. According to the Draft ACL, for the first twelve month
13 period following the date of the Draft ACL, recipients who seek a county reassessment of their
14 authorized IHSS hours sooner than the next scheduled reassessment must provide documentation
15 from the recipient's physician of a change in their functional ability that would significantly affect
16 one or more of their functional rankings. The county is supposed to deny any request for
17 reassessment that lacks medical documentation. Recipients may request a state hearing on the
18 denial of a request for reassessment.

19 98. Defendants operate the state administrative hearing system through a series of
20 regional hearing offices. Recipients and applicants who appeal denials or reductions of Medi-Cal,
21 IHSS, Cal-Works, Food Stamps, Adoption Assistance and other public benefits must file a timely
22 request for hearing with the hearing office or the local welfare office. On information and belief,
23 these hearing offices are presently unable to respond in a timely manner to all the claimants who
24 request administrative hearings, so that the state hearing officers recently decided to no longer
25 consider requests for reconsideration of an adverse hearing decision.

26 99. On information and belief, as many as 100,000 class members may request an
27 administrative hearing to appeal the reduction or termination of their IHSS benefits pursuant to
28 ABX4 4. Because Defendants have failed to allocate the staff and resources to respond to this

1 number of expected hearing requests, Plaintiffs will be unable to obtain a timely hearing regarding
2 their appeals.

3 100. IHSS recipients have not been, and will not be, notified of the availability of
4 replacement services available under the Medi-Cal State Plan, to the extent any other services are
5 available. Nor have the State or counties arranged for such replacement services, to the extent any
6 services are available.

7 4. Impact upon Recipients

8 101. The loss of eligibility for all IHSS services or the loss of domestic and related
9 services is likely to cause Plaintiff Class members to suffer declines in physical functioning,
10 increased medical complications, and additional preventable accidents resulting in physical injury.
11 This will expose them to a serious risk of harm to their health and safety and cause a serious risk of
12 unwanted out-of-home placement, including unwanted institutionalization.

13 102. The loss of eligibility for all IHSS services or the loss of domestic and related
14 services is likely to cause Plaintiff Class members to suffer declines in mental functioning. This
15 will expose them to a serious risk of harm to their health and safety and cause a serious risk of out-
16 of-home placement, including unwanted institutionalization.

17 103. Individuals whose physical or cognitive impairments are such that they cannot be
18 left alone or whose health conditions are extremely unstable are likely to face immediate out-of-
19 home placement in an institution.

20 104. Other individuals will lose physical and mental functioning as a result of the loss of
21 or reduction in their IHSS services. For example, individuals with psychiatric disabilities may stop
22 taking their medications and become delusional, suicidal, or otherwise present a danger to
23 themselves and others. Individuals deprived of shopping, meal preparation and and/or eating
24 assistance may become malnourished or ill because they eat foods contraindicated by medical
25 conditions or necessary medications, or fail to eat at all. Individuals deprived of domestic services
26 may suffer falls or other injuries if they attempt to perform cleaning and other household tasks.
27 Other individuals will live in unsanitary and potentially hazardous situations that can lead to falls,
28 illness, and/or eviction and homelessness. The mental or physical functioning of these individuals

1 is likely to deteriorate to the point that they also face out-of home placement, including unwanted
2 and preventable institutionalization.

3 105. Out-of-home placement in an institution can often further destabilize already
4 compromised mental or physical functioning. Once placed in an institution, it is extremely difficult
5 for individuals to move out of institutions and back into the community.

6 106. It costs far more to institutionalize elderly and disabled individuals in nursing homes
7 or other institutions than it does to provide IHSS services that allow them to live in community-
8 based settings.

9 107. The IHSS Program helps prevent costly and unnecessary institutionalization, saving
10 the State significant funds, and, at the same time, improving the quality of life for the individuals
11 served.

12 **C. Facts Related to Individual Plaintiffs**

13 **1. Named Plaintiff V.L.**

14 108. Named Plaintiff V.L. is a 14-year-old boy, and is a qualified person with a
15 disability—specifically, Charcot-Marie-Tooth Disease (“CMT”), an inherited form of muscular
16 dystrophy known as peroneal muscular atrophy. He lives with his family in San Francisco,
17 California and attends a local middle school.

18 109. Because of his disabilities, V.L. has wasting and weakness in his hands, feet, and
19 legs. It is difficult for him to stand or walk for more than a few minutes. He wears an orthotic
20 brace to help him stand and walk, even in the shower. V.L. cannot sense when shower water is too
21 hot or too cold. Because of weakness in his hands, V.L. has trouble cutting and eating his food,
22 and putting on and taking off his leg braces and wrist splints. V.L. also requires help getting
23 dressed, as he cannot put on or button his clothes. V.L. also requires assistance to use the
24 bathroom.

25 110. V.L. is authorized to receive 44.8 hours of IHSS services per month. His provider
26 helps him out approximately ten hours per week with such personal tasks as using the restroom,
27 bathing, getting dressed, exercising, and putting on and taking off his leg brace and wrist splints.

28 111. V.L.’s mother was recently told by his social worker that he will be losing eligibility

1 for all IHSS services because his FI Score is below 2.0.

2 112. These IHSS services are critical to enable V.L. to remain safely in his home with his
3 family and to attend a local school. V.L.'s mother is unable to assist V.L., because she also has
4 CMT and uses a wheelchair. V.L.'s father works during the day, and thus is not available to help
5 V.L. during work hours. V.L.'s need for services is so great that his older brother has temporarily
6 dropped out of college at CSU-Northridge in order to serve as V.L.'s IHSS provider until V.L.'s
7 regular provider returns from an extended leave of absence.

8 **2. David Oster**

9 113. David Oster is a 33-year-old man who is a qualified person with disabilities,
10 including autism and bi-polar disorder. He lives by himself in an apartment in Los Angeles
11 County.

12 114. Because of his disabilities, Mr. Oster is unable to remember to take his medications
13 (consisting of some 20 pills, including medications necessary to control his bi-polar disorder) and
14 is unable to go shopping, cook, or clean up after himself. For example, he cannot concentrate and
15 follow directions to cook a nutritionally balanced meal following the diet prescribed by his doctor,
16 and forgets to put food away before it spoils. Mr. Oster is also unable to get to medical
17 appointments himself, as he cannot drive and becomes confused if he tries to take public
18 transportation.

19 115. Before he began receiving IHSS services, Mr. Oster's apartment was in great
20 disarray. Trash, clutter, and rotten food were strewn about his apartment, which was infested with
21 cockroaches. Mr. Oster had to pick his way among makeshift pathways between the debris. All
22 the food in his refrigerator was spoiled. His clothes were dirty, and he rarely bathed. He was at risk
23 of serious health consequences from the unsanitary conditions and inadequate meals, and was also
24 in serious danger of eviction from his apartment because of the unsanitary conditions in which he
25 was living.

26 116. Mr. Oster began receiving IHSS services approximately two years ago and currently
27 receives 63.2 hours per month of IHSS services. Without these services, he would not be able to
28 live independently in the community.

1 117. Mr. Oster's IHSS provider performs the following services: cooks meals following
2 the diet that has been medically prescribed by Mr. Oster's doctor; sets out medications and reminds
3 Mr. Oster to take them; takes Mr. Oster to doctor's appointments; reminds Mr. Oster to bathe; does
4 Mr. Oster's laundry; and cleans the apartment and changes bed linens.

5 118. Mr. Oster's social worker has told Mr. Oster that his FI Score is 1.9. Because his FI
6 Score is below 2.0, Mr. Oster will lose eligibility for all IHSS services. Although Mr. Oster has
7 functional ranks of 5 for housework, laundry, and shopping, and a functional rank of 3 for meal
8 preparation, his composite FI Score is under 2.0 because he is ranked a 1 for many other ADLs that
9 he can perform himself, such as eating, bowel/bladder care, mobility, transfer, and respiration.

10 119. When Mr. Oster learned that his IHSS services would be cut, he was so terrified
11 about losing services that he had a nervous breakdown and had to be hospitalized for two weeks for
12 inpatient psychiatric services. Upon discharge, he then had to continue in a psychiatric outpatient
13 program for several weeks more.

14 120. Mr. Oster does not want to lose his apartment or his independence and does not
15 want to live in a group home or board and care facility where his independence and freedom would
16 be restricted. He is sure that he will not be able to maintain his independence without IHSS
17 services. Without IHSS services, Mr. Oster is at serious risk of increased psychiatric problems,
18 including hospitalization and institutionalization, because he cannot take his medications, cook his
19 medically necessary diet, or maintain sanitary conditions necessary to maintain an independent
20 apartment.

21 121. Prior to his recent conversation with his social worker, Mr. Oster had never been
22 informed of his functional ranks or FI Score.

23 **3. Willie Beatrice Sheppard**

24 122. Named Plaintiff Willie Beatrice Sheppard is 81 years old and is a qualified person
25 with disabilities, including arthritis and the effects of a stroke. She lives by herself in an apartment
26 in Emeryville, California.

27 123. Ms. Sheppard uses a cane or electric wheelchair for mobility and cannot stand for
28 any length of time. She cannot get in and out of the bathtub without assistance. Sometimes Ms.

1 Sheppard cannot use her hands or the entire right side of her body because of her stroke and cannot
2 pick up any heavy object. Ms. Sheppard is also easily fatigued.

3 124. Ms. Sheppard has been receiving IHSS services since 2003.

4 125. Ms. Sheppard's IHSS provider comes to her home twice a week to help her bathe, to
5 clean the house, and to prepare meals (in sufficient quantities that Ms. Sheppard can microwave the
6 leftovers on days that her provider is not working).

7 126. Meal preparation is essential to Ms. Sheppard's health and well being, as she does
8 not have sufficient strength in her hands, or the stamina to stand, to cook meals. Ms. Sheppard's
9 physician has advised her that she cannot eat foods that are high in sodium because of her stroke
10 risk. For that reason, Ms. Sheppard must avoid eating prepared processed foods.

11 127. Ms. Sheppard is only able to bathe two days a week, on those days when her
12 provider is there. Were it not for her provider, Ms. Sheppard would be unable to bathe at all.

13 128. Ms. Sheppard's provider performs all heavy housecleaning for her, as Ms. Sheppard
14 is unable to push around a vacuum or mop while walking with a cane, and is unable to scrub the
15 bathroom. If she attempted these tasks, she might fall and further injure herself. She has had
16 several previous falls. Because Ms. Sheppard is 81 years old, she is more susceptible to illnesses,
17 and thus a clean house is important to her health and well-being.

18 129. Because of her mobility impairments, it is very difficult for Ms. Sheppard to travel
19 outside her home. Accordingly, her provider must shop for groceries and pick up her prescription
20 medications.

21 130. Ms. Sheppard lives alone and is dependent upon IHSS services. Most of her
22 children do not live in the area, and her one daughter who does live nearby has a disabled son who
23 requires her full time attention.

24 131. Ms. Sheppard has never been informed of her FI Score or her functional ranks. She
25 is afraid that her IHSS eligibility may be eliminated or her service hours for domestic (cleaning)
26 and meal preparation will be reduced. If this happens, she will not have adequate meals or
27 sanitation, resulting in a serious risk that Ms. Sheppard's medical condition will deteriorate or she
28 will fall and injure herself and then will require placement in a nursing home. Ms. Sheppard used

1 to work in a nursing home and knows that nursing home staff are often overworked and unable to
2 provide quality care to each resident. Thus, she wants to avoid having to be placed in a nursing
3 home.

4 **4. Named Plaintiff C.R.**

5 132. C.R. is a five-year-old boy and is a qualified person with a disability, specifically,
6 development disability caused by chromosome deletion. He lives with his family in Gilroy,
7 California. His mother and *guardian ad litem* here, Michelle Rivera, is his provider.

8 133. C.R. has a developmental disability because he is missing the chromosome known
9 as 3P25, which causes a disconnect between his brain and his body parts. C.R. has global delays
10 across all spectrums: He cannot walk, talk, or chew food. He uses a manual wheelchair, because
11 he does not have the mental capacity to use a motor or power chair. He has to be repositioned
12 regularly, because he can only sit up for twenty minutes at a time. He also has hearing loss and
13 vision loss.

14 134. Because of his disabilities, C.R. cannot eat or drink by himself. His mother helps
15 him drink by placing a sippy cup firmly in his hands, wrapping his hands around the cup, and then
16 putting the cup to his mouth. He can then suck on the sippy cup. Because he cannot chew food, all
17 of his food must be pureed. His mother must place food into his mouth, spoonful by spoonful,
18 until he swallows it. It takes about twenty minutes to feed C.R. each meal. C.R. does not receive
19 IHSS services for eating/feeding. On information and belief, C.R. does not receive IHSS services
20 for feeding because the county has determined he is too young to receive IHSS services for
21 feeding.

22 135. C.R. wears diapers because he cannot control his bowels, but does not receive IHSS
23 services for toileting and dressing. On information and belief, C.R. does not receive IHSS services
24 for toileting or dressing because the county has determined he is too young to receive IHSS
25 services for toileting and dressing.

26 136. C.R. is authorized for 55 hours of IHSS services per month for transportation to
27 medical appointments (40 miles away), moving in and out of bed or a vehicle (a special school bus
28 that picks him up to attend preschool for children with disabilities), rubbing skin, and

1 repositioning.

2 137. C.R.'s mother has been told that C.R. will lose eligibility for IHSS services because
3 his FI Score is 1.97.

4 138. Although C.R. only receives 52 hours of IHSS services per month, those IHSS
5 service hours are critical. His mother works as his provider and uses the money she earns to
6 purchase C.R.'s special, medically necessary foods and gas to take him to his many medical
7 appointments.

8 139. C.R. needs to stay at home with his mother as his provider. In order to fully
9 maximize his potential, he needs one-on-one care on a constant basis to encourage each small step
10 of being able to control his body himself. Although doctors are unable to predict the prognosis for
11 a child with C.R.'s type of disability, they do know that if there is to be any hope for C.R. to learn
12 to walk, talk, or chew on his own, he needs continued one-on-one care to encourage him to do
13 everything that he can learn to do.

14 140. If the only way for C.R. to stay at home would be for his family to hire an outside
15 provider, rather than his mother, they would do that. However, they do not believe they will be
16 able to find anyone capable of caring for him; they looked before but were unable to find anyone.

17 **CLASS DEFINITION AND ALLEGATIONS**

18 141. Pursuant to Rule 23(a) and 23(b)(2) of the Federal Rules of Civil Procedure,
19 Individual Named Plaintiffs V.L., David Oster, Willie Beatrice Sheppard, and C.R bring this action
20 on behalf of themselves and all other persons similarly situated. Plaintiffs bring this action on
21 behalf of a class consisting of "all recipients of IHSS in the State of California whose IHSS
22 services will be limited, cut, or terminated under the provisions of ABX4 4, and all applicants to
23 IHSS in the State of California who would have been eligible for IHSS services but who are either
24 not eligible, or are eligible for fewer services, as a result of ABX 4 4 (hereinafter the "Class")."

25 142. Plaintiffs V.L., David Oster, Willie Beatrice Sheppard, C.R., and others similarly
26 situated also plead subclasses of individuals as follows:

- 27 a. For the First, Second, Third, Fourth, Fifth, Sixth, Seventh, and
28 Eighth claims for relief: "Loss of Domestic and Related Services Subclass"

1 to be defined as “all present and future IHSS recipients and applicants who
2 have been or would have been authorized to receive domestic and/or related
3 IHSS, and whose IHSS will be reduced to eliminate some or all of their
4 domestic and/or related services under the provisions of ABX4 4.” Plaintiff
5 Willie Beatrice Sheppard is typical of this subclass.

6 b. For the First, Second, Third, Fourth, Fifth, Seventh, Eighth, and
7 Ninth claims for relief: “Termination of Benefits Subclass” to be defined as
8 “all present and future IHSS recipients and applicants who have been or
9 would have been authorized to receive IHSS, and whose IHSS services will
10 be terminated or denied in their entirety under the provisions of ABX4 4.”
11 Plaintiffs V.L., David Oster, and C.R. are typical of this subclass.

12 c. For the Eighth claim for relief: “Children Subclass” to be defined as
13 “all present or future IHSS recipients who are under the age of 21, who
14 qualify for full-scope Medi-Cal with federal financial participation, and who
15 therefore are entitled to the protections of the Early Periodic Screening
16 Diagnosis and Treatment provisions of the federal Medicaid Act, 42 U.S.C.
17 § 1396a(a), who have been or would have been authorized to receive IHSS,
18 and whose IHSS services will be reduced or terminated under the provisions
19 of ABX4 4.” Plaintiffs C.R. and V.L. are typical of this subclass.

20 143. **Numerosity:** The Plaintiff Class is so numerous that joinder of all its members is
21 impracticable. There are more than 130,000 persons in the Class. Upon information and belief the
22 “Termination of Benefits subclass” consists of approximately 36,000 individuals. Upon
23 information and belief, the “Loss of Domestic and Related Services Subclass” consists of
24 approximately 97,000 people. Upon information and belief the “Children Subclass” consists of
25 over one thousand children. Joinder of individuals in the Class and subclasses is also impracticable
26 because of the size of the subclasses, and because members of the Plaintiff Class lack the
27 knowledge and financial means to maintain individual actions and are geographically disbursed
28 throughout the state.

1 144. **Commonality:** Common questions of law and fact predominate over questions
2 affecting individual Class members. Questions of law and fact common to members of the Class
3 include but are not limited to whether Sections 12309 and 12309.2 violate provisions of the
4 Medicaid Act, the ADA, and Section 504, and whether the implementation of Sections 12309 and
5 12309.2 fail to meet the requirements of procedural due process established by the U.S.
6 Constitution.

7 145. **Typicality:** The claims of the Individual Named Plaintiffs are typical of the claims
8 of the Class as a whole and are typical of the claims of the subclasses in that the Individual Named
9 Plaintiffs and members of the Plaintiff Class currently are eligible IHSS participants and qualified
10 individuals with disabilities who will be affected similarly by the IHSS eligibility changes enacted
11 by ABX4 4 and Defendants' policies and practices. The claims arise from the same unlawful and
12 discriminatory law and policies and practices of Defendants.

13 146. **Adequate representation:** The Individual Named Plaintiffs will fairly represent
14 and adequately protect the interests of members of the class as a whole. The Individual Named
15 Plaintiffs do not have any interests antagonistic to those of other members of the Plaintiff Class.
16 By filing this action, the Individual Named Plaintiffs have displayed an interest in vindicating their
17 rights, as well as the claims of others who are similarly situated. The relief sought by the
18 Individual Named Plaintiffs will inure to the benefit of members of the Plaintiff Class generally.
19 Plaintiffs are represented by counsel who are experienced, skilled, and knowledgeable about civil
20 rights litigation, disability discrimination, Medicaid law, practice and procedure in the federal
21 courts and the prosecution and management of class action litigation.

22 147. Class certification is appropriate pursuant to Federal Rules of Civil Procedure
23 23(b)(2) because Defendants have acted, refused to act, or will act on grounds generally applicable
24 to the Class, thereby making final injunctive and declaratory relief appropriate with respect to the
25 Class as a whole.

26 148. Members of the plaintiff class share a common need for IHSS services and
27 Defendants' policies and actions in limiting or terminating IHSS services, and the provisions of
28 ABX 4 4, are applicable to the entire class.

LEGAL CLAIMS

149. Defendants' actions, as alleged herein, have resulted in, and will continue to result in, irreparable injury to members of the Plaintiff Class for which they have no plain, speedy, or adequate remedy at law. Members of the Plaintiff Class will suffer irreparable injury in that they will be deprived of critical health-related services and subjected to imminent risk of out-of-home placement, institutionalization and/or harm to their health and safety.

150. IHSS provider members of the organizational plaintiffs who provide IHSS services for members of the Plaintiff Class will also be subject to irreparable injury, for they will lose employment and hours of work for which they will be unable to recover monetary damages and which will lead to harm to their health and deprivation of life necessities. Some members of these organizational plaintiffs and their minor children for whom they provide services are at risk of losing their children's IHSS services and will suffer irreparable injury as a result.

151. An actual controversy exists between Plaintiffs and Defendants in that Defendants are seeking to implement reductions and terminations in IHSS services to which members of the Plaintiff Class are entitled, and which, if implemented, will place members of the Plaintiff Class at risk of unnecessary out-of-home placement, institutionalization and harm to their physical and mental health. Further, these reductions and terminations violate the Due Process Clause of the Fourteenth Amendment to the United States Constitution, the ADA, Section 504, and various provisions of the Medicaid Act. Plaintiffs therefore seek a declaration as to their rights and Defendants' corresponding duties with respect to the matters alleged herein.

152. The balance of harms favors entering an injunction because the harm suffered by individuals deprived of crucial and needed IHSS outweighs any monetary loss to Defendants.

153. It is in the public interest that the Court grant an injunction to ensure that Plaintiffs and other similarly situated individuals receive medically necessary medical benefits to which they are entitled.

154. In taking the relevant actions, Defendants have acted under color of state law.

FIRST CLAIM FOR RELIEF
(Defendants Director Wagner and Director Maxwell-Jolly)
Constitutional Due Process

155. Plaintiffs reallege and incorporate herein by reference each and every allegation and paragraph set forth previously.

156. Plaintiffs and members of the Plaintiff Class are entitled under federal and state law to adequate notice of and opportunity for a pre-termination or pre-reduction hearing on any termination or reduction in medical care and services. U.S. CONST. Amend. XIV. *See Goldberg v. Kelly*, 397 U.S. 254 (1970).

157. The notice Defendants propose to send is not adequate or effective, because it does not provide Plaintiffs and members of the plaintiff class with sufficient information to obtain a meaningful hearing because they will be unable to determine whether their functional ranks or FI Scores have been correctly calculated.

158. The notice Defendants propose to send is not adequate or effective, because it inaccurately summarizes state law with respect to recipients' right to reassessment of their need for service hours. The notice tells recipients that they can only request reassessment of their need for service hours if they provide medical documentation of a change in functioning that would affect their functional rank, whereas state law provides for county reassessment of a recipient's need for services "any time" that the recipient notifies the county of a need to adjust the supportive services hours authorized. Cal. Welf. & Inst. Code § 12301.1(d).

159. The notice Defendants propose to send is not adequate or effective, because ten days is not sufficient time for IHSS recipients, many of whom have cognitive or psychiatric disabilities, to make alternate arrangements and/or appeal the decision to reduce or terminate their services.

160. On information and belief, Plaintiffs and Class members will be unable to obtain a timely hearing if they do file an appeal.

161. Unless enjoined, Defendants will reduce or terminate IHSS services to which members of the Plaintiff Class are entitled and have a property interest in maintaining, thereby depriving class members of their right to an opportunity for fair hearing before reduction or termination of benefits.

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169. Defendants' actions deprive Plaintiffs and members of the Plaintiff Class of rights, privileges or immunities secured to them by the Constitution of the United States, in violation of 42 U.S.C. § 1983, and are preempted by the Supremacy Clause of the United States Constitution, Article IV.

**THIRD CLAIM FOR RELIEF
(Defendants DHCS and CDSS)
Americans with Disabilities Act, 42 U.S.C. § 12134-35 et seq.**

170. Plaintiffs reallege and incorporate herein by reference each and every allegation and paragraph set forth previously.

171. Title II of the ADA provides that "no qualified individual with a disability shall, by reason of disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity or be subjected to discrimination by such entity." 42 U.S.C. § 12132.

172. In enacting the ADA, Congress found that "[i]ndividuals with disabilities continually encounter various forms of discrimination, including . . . segregation" 42 U.S.C. § 12101(a)(5).

173. Regulations implementing Title II of the ADA provide: "A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 28 C.F.R. § 35.130(d).

174. Defendants DHCS and CDSS are public entities within the meaning of Title II of the ADA.

175. Regulations implementing Title II of the ADA provide: "A public entity may not, directly or through contractual or other arrangements, utilize criteria or other methods of administration: (i) that have the effect of subjecting qualified individuals with disabilities to discrimination on the basis of disability; [or] (ii) that have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the entity's program with respect to individuals with disabilities. . . ." 28 C.F.R. § 35.130(b)(3).

176. The United States Supreme Court in *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581 (1999), held that the unnecessary institutionalization of individuals with disabilities is a form of

1 discrimination under Title II of the ADA. In doing so, the Supreme Court interpreted the ADA's
2 "integration mandate" as requiring persons with disabilities to be served in the community when:
3 (1) the state determines that community-based treatment is appropriate; (2) the individual does not
4 oppose community placement; and, (3) community placement can be reasonably accommodated.
5 *Id.* 527 U.S. at 607.

6 177. The ADA prohibits discrimination based on type of disability.

7 178. The ADA's regulations further provide that "[a] public entity shall not impose or
8 apply eligibility criteria that screen out or tend to screen out an individual with a disability or any
9 class of individuals with disabilities from fully and equally enjoying any service, program, or
10 activity, unless such criteria can be shown to be necessary for the provision of the service,
11 program, or activity being offered." 28 C.F.R. 35.130(b)(8).

12 179. Pursuant to the ADA, public entities are required to provide meaningful access to
13 their programs, services and activities, and provide any accommodations or modifications
14 necessary for people with disabilities to access those services.

15 180. Each Individual Named Plaintiff and member of the Plaintiff Class is a "qualified
16 individual with a disability" within the meaning of the ADA in that they (1) have physical and/or
17 mental impairments that substantially limit one or more major life activities; and meet the essential
18 eligibility requirements in that they (2) are capable of living independently in their own homes
19 and/or in the most integrated community setting possible, with assistance; and (3) meet the Medi-
20 Cal income eligibility requirements.

21 181. Defendants' actions have placed members of the Plaintiff Class at imminent risk of
22 unnecessary confinement in institutions, including nursing facilities, or other out-of home
23 placements that are not the most integrated community placements possible, in violation of the
24 ADA's integration mandate.

25 182. Defendants discriminate against Plaintiffs and Class members in ways that include,
26 but are not limited to, failing to provide reasonable modifications to programs and services.

27 183. Defendants have utilized eligibility criteria and methods of administration that
28 subject Individual Named Plaintiffs and members of the Plaintiff Class to discrimination on the

1 basis of disability, in violation of 28 C.F.R. § 35.130(b)(3) &(8), and otherwise denied meaningful
2 access to their programs, services and activities.

3 184. Defendants' actions discriminate against individuals with cognitive and psychiatric
4 disabilities, based on their type of disability, because the functional rankings and FI Scores for such
5 individuals are lower than the functional rankings and FI Scores of individuals with physical
6 disabilities who have the same level of need for IHSS services, and will result in the deprivation of
7 services to individuals with mental disabilities, even if they have the same level of need as
8 individuals with physical disabilities who are not deprived of IHSS services.

9 185. Defendants' actions violate Title II of the ADA.

10 186. Pursuant to 42 U.S.C. § 12133, Plaintiffs are entitled to declaratory and injunctive
11 relief as well as reasonable attorneys' fees and costs incurred in bringing this action.

12 **FOURTH CLAIM FOR RELIEF**
13 **(Defendants DHCS and CDSS)**
14 **Section 504 of the Rehabilitation Act, 29 U.S.C. § 794 *et seq.***

15 187. Plaintiffs reallege and incorporate herein by reference each and every allegation and
16 paragraph set forth previously.

17 188. Section 504 of the Rehabilitation Act of 1973, on which the ADA is modeled, sets
18 forth similar protections against discrimination by recipients of federal funds, such as Defendants
19 herein. 29 U.S.C. §§ 794-794a. These protections include the prohibition against unnecessary
20 segregation. Regulations implementing Section 504 require that a public entity administer its
21 services, programs and activities in "the most integrated setting appropriate" to the needs of
22 qualified individuals with disabilities. 28 C.F.R. § 41.51(d).

23 189. Section 504 prohibits discrimination based on type of disability.

24 190. Section 504's regulations prohibit recipients of federal financial assistance from
25 utiliz[ing] criteria or methods of administration . . . (i) [t]hat have the effect of subjecting qualified
26 handicapped persons to discrimination on the basis of handicap [or] (ii) that have the purpose or
27 effect of defeating or substantially impairing accomplishment of the objectives of the recipient's
28 program with respect to handicapped persons. 28 C.F.R. § 41.51(b)(3)(i); 45 C.F.R. § 84.4(b)(4).

191. Each Individual Named Plaintiff and member of the Plaintiff Class is a “qualified individual with a disability” within the meaning of Section 504 in that they (1) have physical and/or mental impairments that substantially limits one or more major life activities; and meet the essential eligibility requirements in that they (2) are capable of living independently in their own homes and/or in the most integrated community setting possible, with assistance; and (3) meet the Medi-Cal income eligibility requirements.

192. Defendants’ actions have placed members of the Plaintiff Class at risk of unnecessary confinement in institutions, including nursing facilities, or other out-of-home placements that are not the most integrated community placements possible, in violation of Section 504’s integration mandate.

193. Defendants discriminate against Plaintiffs and Class members in ways that include, but are not limited to, failing to provide reasonable modifications to programs and services.

194. Defendants have utilized eligibility criteria and methods of administration that subject Plaintiffs and members of the Plaintiff Class to discrimination on the basis of disability in violation of 28 C.F.R. § 41.51(b)(3)(i) and 45 C.F.R. § 84.4(b)(4), and otherwise denied meaningful access to their programs, services and activities.

195. Defendants’ actions discriminate against individuals with cognitive and psychiatric disabilities, based on their type of disability, because the functional rankings and FI Scores for such individuals are lower than the functional rankings and FI scores of individuals with physical disabilities who have the same level of need for IHSS services, and will result in the deprivation of services to individuals with mental disabilities, even if they have the same level of need as individuals with physical disabilities who are not deprived of IHSS services.

196. Defendants’ actions violate Section 504.

FIFTH CLAIM FOR RELIEF
(Defendants Director Wagner and Director Maxwell-Jolly)
Medicaid Act Comparability Requirement

197. Plaintiffs reallege and incorporate herein by reference each and every allegation and paragraph set forth previously.

1 198. Under federal Medicaid requirements, states must provide comparable benefits, i.e.,
2 benefits that are equal in “amount, duration and scope,” to all categorically needy Medicaid
3 beneficiaries. 42 U.S.C. § 1396a (a)(10)(B)(ii); 42 C.F.R. § 440.240(a), (b)(1). Categorically
4 needy Medicaid beneficiaries are beneficiaries who, in most cases, receive cash public assistance to
5 meet basic needs.

6 199. The Medicaid Act also requires states to provide comparable benefits to all
7 medically needy Medicaid beneficiaries. 42 U.S.C. § 1396a (a)(10)(B)(ii); 42 C.F.R. §§ 440.240
8 (b)(1). Medically needy Medicaid beneficiaries are beneficiaries who do not receive cash public
9 assistance because they have income or resources in excess of the requirements for receipt of such
10 assistance, but who nevertheless meet categorical requirements for such assistance, e.g., they are
11 over age 65, blind, or disabled.

12 200. States may provide benefits to the medically needy that are less in amount, duration
13 and scope than benefits to the categorically needy, but California has not elected to do so.

14 201. Therefore (with certain exceptions for some groups not relevant here), California
15 must provide benefits under its Medicaid program that are equal in amount, duration and scope to
16 all eligible beneficiaries. The only permissible basis for distinguishing among such beneficiaries is
17 differing levels of need.

18 202. Pursuant to ABX4 4, Defendants will provide IHSS services to some Medicaid
19 recipients, while denying the same services to other IHSS recipients who have comparable needs,
20 based on an FI Score that is not a rational measure of need.

21 203. Pursuant to ABX4 4, Defendants will provide domestic and related IHSS services to
22 some Medicaid recipients, while denying the same services to other IHSS recipients who have
23 comparable needs, based on a functional rank that is not a rational measure of need.

24 204. Therefore, ABX4 4 violates Medicaid’s comparability requirement, 42 U.S.C. §
25 1396a(a)(10)(B)(i).

26 205. Defendants’ actions deprive Plaintiffs and members of the Plaintiff Class of rights,
27 privileges or immunities secured to them by the Constitution of the United States, in violation of 42
28 U.S.C. § 1983, and are preempted by the Supremacy Clause of the U.S. CONST., art. IV.

SIXTH CLAIM FOR RELIEF
(Defendants Director Wagner and Director Maxwell-Jolly)
Medicaid Act Sufficiency Requirement:
Loss of Domestic and Related Services Subclass Only

206. Plaintiffs reallege and incorporate herein by reference each and every allegation and paragraph set forth previously.

207. Under federal Medicaid requirements, states must provide "sufficient" benefits. That is, "[e]ach service must be sufficient in amount, duration, and scope to reasonably achieve its purpose." 42 C.F.R. § 440.230(b).

208. By terminating or reducing IHSS domestic and related services to individuals for whom such services have been deemed necessary pursuant to an individual service plan approved by the state, ABX4 4 will result in insufficient services to fulfill the purpose of the IHSS benefit.

209. ABX4 4 is inconsistent with the federal law and preempted by the Supremacy Clause of the U.S. CONST., art. IV.

SEVENTH CLAIM FOR RELIEF
(Defendants Director Wagner and Director Maxwell-Jolly)
Medicaid Reasonable Standards Requirement

210. Plaintiffs reallege and incorporate herein by reference each and every allegation and paragraph set forth previously.

211. Federal Medicaid law requires participating states to establish reasonable standards, consistent with the objectives of the Medicaid Act, for determining the extent of covered services. *See* 42 U.S.C. § 1396a(a)(17).

212. Pursuant to ABX4 4, Defendants will cover IHSS services for some Medicaid recipients, while denying the same services to other IHSS recipients who have comparable needs, and will utilize FI Scores and/or functional ranks that do not provide a fair or reasonable measure of need for services,

213. ABX4 4 is inconsistent and in conflict with the reasonable standards requirements of the federal Medicaid Act, 42 U.S.C. § 1396a(a)(17), and interpretive federal guidelines, and is thus preempted by the Supremacy Clause of the United States Constitution, art. IV.

EIGHTH CLAIM FOR RELIEF
(Defendants Director Wagner and Director Maxwell-Jolly)
Medicaid Act, Early and Periodic Screening, Diagnostic and Treatment
(EPSDT) Services, 42 U.S.C. § 1396 et seq: Child Subclass Only

214. Plaintiffs reallege and incorporate herein by reference each and every allegation and paragraph set forth previously.

215. Early and Periodic Screening, Diagnostic and Treatment (“EPSDT”) for children and youth under age 21 is a mandatory Medicaid service. *See* 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), 1396d(r).

216. Thousands of IHSS recipients in California are under the age of 21 and are protected by the EPSDT mandate, which requires the State to provide them with the services that are medically necessary to ameliorate their conditions.

217. Under EPSDT, States must provide or arrange for periodic medical screens that include a comprehensive health and developmental/mental health history and assessment, unclothed physical examination, immunizations, laboratory testing, and health education. 42 U.S.C. §§ 1396a(a)(43), 1396d(r)(1).

218. States must provide for “arranging for (directly or through referral to appropriate agencies, organizations or individuals) corrective treatment the need for which is disclosed by” a periodic or inter-periodic screen. 42 U.S.C. § 1396a(a)(43)(C).

219. EPSDT treatment must include vision, dental and hearing services and “other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section [42 U.S.C. § 1396d(a)] to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services whether or not such services are covered under the State plan.” 42 U.S.C. § 1396d(r)(5).

220. Under EPSDT, States must inform all Medi-Cal eligible persons in the State who are under age 21 of the availability of early and periodic screening “and treatment services as described in section 1396d(r). . . .” 42 U.S.C. § 1396a(a)(43)(A).

221. For each child under age 21 who has been approved for IHSS services through the Medi-Cal Personal Care Services program, the State has previously made an individualized determination that the current level of personal care services are necessary to ameliorate the child’s

1 condition. The reductions and terminations required by ABX4 4 have not been made on the basis
 2 of an individualized determination that these services are no longer necessary, but for purely
 3 budgetary reasons.

4 222. On information and belief, Defendants intend to subject children under the age of 21
 5 receiving personal care services from non-legally responsible relatives to the same reductions and
 6 terminations as adults, in violation of the EPSDT mandates and the requirements of federal
 7 Medicaid law.

8 223. EPSDT includes a notice and informing mandate. State EPSDT programs are
 9 required to effectively inform individuals of the screening and treatment services available under
 10 the program. 42 U.S.C. § 1396a(a)(43)(A); 42 C.F.R. §441.56(a). Under this informing mandate,
 11 Defendants must inform all children of the full range of EPSDT services, including personal care
 12 services, that are available to them when needed to correct or ameliorate their physical and/or
 13 mental conditions.

14 224. On information and belief, Defendants do not intend to inform children receiving
 15 personal care services from a legally-responsible parent provider through the IHSS Plus waiver of
 16 the availability of uninterrupted personal care services from a non-parent provider through the
 17 EPSDT program.

18 225. Defendants' actions, as described above, fail to provide for Medi-Cal-eligible
 19 children to obtain coverage of personal care services as required by the EPSDT provisions of the
 20 Medicaid Act. 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43)(A), (C), 1396d(a)(4)(B), 1396d(r)(5),
 21 enforceable by Plaintiffs pursuant to 42 U.S.C. § 1983.

22 **NINTH CLAIM FOR RELIEF**

23 **(Defendants Director Wagner and Director Maxwell-Jolly)**
Medicaid: ARRA: Termination of Benefits Subclass Only

24 226. Plaintiffs reallege and incorporate herein by reference each and every allegation and
 25 paragraph set forth previously.

26 227. In 2009, Congress passed the ARRA or Stimulus Act, Pub. Law No. 111-5 (2009),
 27 which included a temporary increase in the Federal Medical Assistance Percentages, which is the
 28

1 level of federal financial participation in state Medicaid programs. *See* Title V of ARRA, §§5000,
2 *et seq.*

3 228. This increased federal matching assistance is meant to “protect and maintain State
4 Medicaid programs during a period of economic downturn, including by helping avert cuts to
5 provider payment rates and benefits or services, and to prevent constrictions of income eligibility
6 requirements for such programs. . . .” ARRA, § 5000, Pub. L. No. 111-5 (2009).

7 229. States are ineligible for the ARRA’s increased federal match if eligibility standards,
8 methodologies, or procedures under their Medicaid state plan (including any waivers) are more
9 restrictive than the eligibility standards, methodologies, or procedures under such plan (or waiver)
10 as in effect on July 1, 2008. ARRA § 5000(f)(1).

11 230. The State of California has received increased federal matching assistance funds and
12 plans to continue to receive such funds.

13 231. By making ineligible for IHSS individuals with FI Scores of less than 2.0, ABX4 4
14 will result in eligibility standards, methodologies, or procedures under the California Medicaid plan
15 and/or waivers that are more restrictive than the eligibility standards, methodologies, or procedures
16 that were in effect on July 1, 2008.

17 232. ABX 4 therefore violates the ARRA, and is preempted by the Supremacy Clause of
18 the U.S. CONST., art. IV.

19 REQUEST FOR RELIEF

20 WHEREFORE, Plaintiffs pray that the Court order the following relief and remedies on
21 behalf of themselves and all others similarly situated:

22 a) Assume jurisdiction over this action and maintain continuing jurisdiction until
23 Defendants are in full compliance with every order of this Court;

24 b) Certify this action as a class action and appoint the individual named Plaintiffs as
25 Class representatives;

26 c) Declare that ABX4 4 and Defendants DHCS and CDSS’ policies, practices, acts and
27 omissions as set forth above violate the American with Disabilities Act and Section 504 of the
28 Rehabilitation Act;

d) Declare that ABX4 4 and Defendant Wagner and Maxwell-Jolly's policies, practices, acts and omissions as set forth above violate the Medicaid Act (comparability, sufficiency, reasonable fair hearing, EPSDT, and ARRA provisions), the Due Process Clause of the United States Constitution, and 42 U.S.C. § 1983, and are preempted by the Supremacy Clause.

e) Grant a temporary restraining order, preliminary and permanent injunction enjoining Defendants, their officers, agents, employees, attorneys, and all persons who are in active concert or participation with them from implementing the provisions of ABX4 4 that amended Sections 12309(e) and 12309.2 of the Welfare and Institutions Code to make ineligible for IHSS services recipients with FI Scores of less than 2.0 and to make ineligible for domestic and related services individuals with functional ranks of less than 4 for those services.

f) Award the Plaintiffs the costs of this action and reasonable attorneys' fees pursuant to 20 U.S.C. § 794a; 42 U.S.C. §§ 1988, 12133, 12205; and as otherwise may be allowed by law. All such other and further relief as the Court deems to be just and equitable.

Dated: October 1, 2009

Respectfully Submitted,

By: Melinda Bird / etc by permission

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